

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>Brandon Rudolph KIMBLE</u>	COURT CASE NUMBER <u>22 CV 2717</u>
DEFENDANT <u>Mariano's</u>	TYPE OF PROCESS
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Mariano's</u>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1615 South Clark Street Chicago, IL 60616</u>	
SERVE AT <u>21am</u>	Number of process to be served with this Form 285 <u>1</u>
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>1615 South Clark Street Chicago, IL 60616</u>	Number of pages to be served in this case <u>1</u>
	Check for service on U.S.A. <u>7/5/2022</u>
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE. (Include only the legal addresses, All Telephone Numbers, and Estimated Times Available for Service): <u>312-225-4386</u>	

FILED

JJ

7/5/2022**THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT**

Signature of Attorney other Originator requesting service on behalf of <u>Brandon Kimble</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>708 970 9675</u>	DATE <u>06/07/2022</u>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>24</u>	District to Serve No. <u>24</u>	Signature of Authorized USMS Deputy or Clerk <u>DF</u>	Date <u>6/10/2022</u>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Zaim Vukic☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date
7/1/22 Time
0900 ☒ am ☐ pmSignature of U.S. Marshal or Deputy
[Signature]

Service Fee <u>\$65.00</u>	Total Mileage Charges including enclaves <u>3 miles</u> <u>1.75</u>	Forwarding Fee <u>/</u>	Total Charges <u>\$66.75</u>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS: 2 USMS - 1 hour - 3 miles

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED